Periscope

Deutsche Zeitschrift für Nervenheilkunde.

(Band 28, Heft 2-4.)

5. Osteoacusia and Its Relations to the Sensation of Vibration. NEUTRA.
6. Contribution to the Study of Spondylose Rhizomelique. MINGAZZINI.
7. Acute Multiple Gangrene of the Skin, with Investigations Upon the Necroses Produced by Pure Hydrochloric Acid. ZIELER.
8. Contribution to the Knowledge of Congenital Muscular Defects. STECHE.
9. A Case of Defect in the Muscles of the Shoulder-Girdle and Their Compensation. CAPELLE.
10. Communications Concerning Hysteria. 1. Hysterical Mutismus in Combination with Hysterical Asthma After an Accident. STINTZING.
11. Hysterical Somnolence with Choreatic Movements. GROBER.
12. Complete Cutaneous and Sensorial Anesthesia in a Case of Traumatic Hysteria. SEIFERT.
13. Contribution to the Origin of Brain Pressure by Brain Tumors, and Other Diseases of the Brain, and a Peculiar Form of Swelling of the Brain that May Be Observed in These Conditions. REICHARDT.

5. *Osteoacusia.*—Neutra, after a very exhaustive discussion of bone conduction, reaches a series of conclusions of which the following is an abstract. Hearing of a tuning-fork placed upon any peripheral portion of the body depends upon bone or cartilage conduction. This behaves in all respects as the conduction of vibrations through the cranial bones. If the external ear is closed during this conduction, the sound's intensity, and usually also its duration, are increased. This may possibly be due to psychical as well as physical causes. Osteoacusia is most distinct in those cases in which the bones are subcutaneous. It is affected by various diseases of the skeleton, and is not affected by organic sensory disturbances. If the tuning-fork is placed upon the spinal column it is found that kyphosis increases the duration of the sound, lordosis diminishes it. Osteoacusis is entirely independent of the sensation of vibration. Slight changes of the latter cannot be determined. The bones play only the part of reflectors, the sensation being perceived in the pressure nerves of the soft parts. In addition to the bones, firm connective tissue, and even contracted muscles may act as reflectors. Therefore, the sense of vibration must be regarded as a modified pressure sense. For these tests tuning-forks having from 100 to 200 oscillations per second are the best. The absence of either osteoacusia or the sensation of vibration upon a place where they are normally present is, with certain precautions, a definite sign of either hysteria or simulation.

6. *Spondylose Rhizomelique.*—A man of twenty-nine, began, at the age of 19, to have pain in the lumbosacral region, and in the legs. Later, during his military service, he had pain in the left thigh which terminated in ankylosis at the hip. From this, however, he made a partial recovery. Subsequently when examined by Mingazzini the patient was found to have marked limitation of movements in the knee and hip joint, which disappeared

under spinal anesthesia, and were evidently due to pain. There was also pain in the muscles of the neck. The spinal column gradually became more and more deformed until the upper portion was at right angles to the lower portion. Radiographs of the hip showed alterations in the bones. Mingazzini regards the deformity of the spinal column as due directly to the alteration in the anterior vertebral articulations, and not to the effect of gravity.

7. *Skin Necroses and Hydrochloric Acid.*—A girl of twenty-two had for about half a year suffered from a curious eruption of the skin. First there was a hyperemic area upon which welts appeared with white, shining centres, and a circular erythema. In the course of a week either a superficial scale separated, leaving normal skin beneath, or there was a very superficial area of gangrene. There were no general symptoms. Later some small blisters were occasionally seen around the eruption, and still later larger blisters appeared. The mucous membranes were not involved, and keloids never formed. There were no disturbances of sensation. The histological examination of one of the lesions showed hyperemia and edema of the cutaneous and papillary bodies, with slight round-cell invasion around the capillary bodies. As the lesions resembled very closely those produced by dropping raw HCl upon the skin, such artificial lesions were examined microscopically, and indicated a distinct necrosis proceeding from the surface, entirely different from that of the hysterical lesions.

8. *Muscular Defects.*—The first patient, a boy of twenty, had complete defect of the left serratus. There was high position and hypoplasia of the left shoulder blade. The second case, a boy of eight years, lacked on the left side the pectoral muscles, and the latissimus dorsi, and there was imperfect development and weakness of the serratus. Anomalies of the skeleton consisted of shortening of the clavicle and rudimentary development of the left hand. A fold of skin extended between the thorax and the upper arm. There were also some developmental disturbances of the skin of the left breast, the mammary gland on that side being entirely absent, and the skin abnormally thin. The third case, a man of twenty-six, had on the left side defect of a portion of the pectoralis major, and of the whole of the pectoralis minor. There were some defects in the ribs, deformity of the left hand, and a fold of skin between the left arm and the chest. The skin on the left side was thin, and the mammary gland was absent. The fourth case, a man of twenty-four had almost complete loss of the left trapezius muscle, without any other conditions. The fifth case, a man of twenty-two, had absence of the deltoid, but the disturbance in function in this case was exceedingly slight. The sixth case, a man of fifty-two, had congenital absence of several muscles in the ball of the thumb on both sides. There were practically no functional disturbances, and no congenital anomalies otherwise. Steche calls attention to a combination of a group of conditions associated with defect of the pectoral muscles, which includes, in addition to disturbances of the skeleton, the skin and mammary gland. The loss is always unilateral, and is never hereditary. He collects cases recorded in the literature, and tabulates them, and explains the inability of determining any cause, and in conclusion reports a case in which the mother of a patient suffering from muscular dystrophy, presented this uniateral defect in the pectoral muscles, which the autopsy indicated, was congenital.

9. *Shoulder Girdle Defects.*—Capelle describes a case with congenital

absence of the latissimus dorsi on the left side. He discusses very fully the functional disability that results from this, and also the method by which it is in part compensated. In addition to the latissimus, examination also showed absence of the pectoralis minor, and of the lower portion of the serratus.

10. *Hysterical Mutismus.*—A man of twenty-nine suddenly experienced severe pain while at work. He subsequently became weak, had some vomiting and severe asthma, as a result of which he was unable to work. Later he became unable to speak, even to whisper, although his understanding of spoken speech was perfect. The movements of the vocal cords were not impaired. The reflexes were all increased, but not pathological. A diagnosis of hysteria was made, and the patient recovered rapidly under psychic treatment. The condition corresponds exactly to that described by Charcot.

11. *Hysterical Somnambulism and Chorea.*—A child of three and a half years of age had several attacks, probably hysterical in nature, and then became lethargic. The diagnosis was doubtful; meningitis, possibly tuberculous, was suspected, but never conclusively proven to be present. After three months of the lethargic state he recovered consciousness, but was dumb, and had a functional stiffness of the right wrist. Subsequently there were several brief attacks, typically hysterical in nature, followed by complete recovery.

12. *Traumatic Hysteria.*—A man of thirty-eight fell violently upon the ground, striking his head and left arm. Subsequently he developed a condition diagnosed as traumatic hysteria, in which he emaciated, became pale, was melancholic, had profuse sweating during investigation, and had numerous tender points. There were also some cutaneous anesthesia, but no disturbance of the special senses, or of motion. The reflexes were normal. Later he had an attack of confusion lasting two days, followed by total blindness in the left eye, unilateral loss of cutaneous sensation on the left side, and loss of hearing, taste and smell on the same side. There was concentric contraction in the visual field in the left eye, and the general condition grew worse. Still later, after a slight infection, he developed hysterical mutism. Another confusional attack was followed by partial anesthesia in the right hand. If, during this period, the right eye and ear were closed he went into a somnolent condition. Later he lost the hearing in both ears, was unable to speak for a prolonged period, and finally developed hysterical paresis of the left arm. During the course of the disease the patient repeatedly expectorated blood. Lasègue's test, substituting for visual control the sensation of the skin in order to obtain movement in the anesthetic hand, was not successful, but if the anesthetic hand was laid upon a sensitive portion of the skin, and either touched with the sensitive right hand, or first observed with the right eye, the fingers could be freely moved. Some other very interesting experiments are also described. These cases of extensive distribution of the hysterical symptoms are rare.

13. *Brain Tumor and Pressure.*—Reichardt calls attention to the importance of the position of the tumor for the production of intracranial pressure. This also occurs in simple hypertrophy of the brain. He reports a number of cases of brain tumor, and studies in each the cause of the pressure. In the first case a huge tumor, causing increase in the pressure purely by its bulk, was found. In the second case an extra-

cerebral tumor, weighing 162 gm. produced very little pressure because there was an atrophic area in the brain in which it was accommodated. In the third case a huge glioma of the left hemisphere had produced severe internal hydrocephalus. The brain, however, was distinctly atrophic, and this served to explain the very mild symptoms of intracranial pressure that were present during life. In the fourth case a small tumor containing about 100 cc. of clear viscid fluid and pressing upon the right frontal lobe, caused symptoms of severe intracranial pressure. In this cyst a small glioma was found. An histological examination of the brain revealed the presence of a productive gliosis. The patient was young, which probably accounts for the increased resisting power of the brain, and the symptoms of pressure. In the sixth case (cholesteatoma) were symptoms suggesting multiple sclerosis. The brain showed distinct indications of increased intracranial pressure due to a swelling, not the result of edema, but of a severe hyperemia, probably to be brought into relation to the action of the tumor. The seventh case was one of periodic dementia, there were evidences, at the autopsy, of severe intracranial pressure (evidently of acute origin) shortly before death. The brain was swollen, but no cause for this could be found. The ninth case was practically the same. Reichardt insists upon the necessity of a better comprehension of the term "swelling of the brain." There are varieties of this, and possibly they may serve to explain why sometimes a small tumor will cause a high grade of intracranial pressure and a large tumor will not do so. His studies have been based upon a comparison of the relation of the capacity of the skull to the weight of the brain, and he believes that such studies are important. He also believes that the choked disc must be regarded not as a indication of the size of the tumor, but of the intensity of the intracranial pressure, and—to a certain extent—of the resistance or reaction of the brain to the irritant.

(Band 28. Heft 5-6.)

15. Investigations Upon the Idiomuscular Hyper-Irritation (The Idio-Muscular Contraction of Schiffs). CURSCHMANN.
16. The Relations of Congenital Weakness of the Ectodermal Germinal Layer to the Development of Tabes Dorsalis. BITTORF.
17. The Syphilogenic Diseases of the Central Nervous System, and the Question of "Syphilis à virus nerveux," with Introductory Remarks by W. Erb. FISCHLER.
18. Brief Communication. Further Remarks on My Article, "Studies Upon Oppenheim's Feeding Reflex, and Some Other Reflexes." FÜRNROHR.

15. *Idiomuscular Hyper-Irritation.*—Curschmann, after a careful review of the literature of the idiomuscular contraction, proposed to himself a study of its nature and duration, and also of the wave-like contractions. At the same time he made a careful examination of the irritability of the muscle examined, and of the general muscular system, as well as the mechanical and electrical irritability of the motor nerve and the muscle. Furthermore he studied the relation of the tendon reflexes, the vasomotor irritability, and finally, the occurrence of the spontaneous movements of the muscles. These results are carefully tabulated, although the tables are not reproduced in extenso. Curschmann summarizes them

as follows. Idiomuscular super-irritability and Schiff's waves occur exclusively as a result of mechanical irritation, and pre-eminently in the presence of pathological emaciation. They may be absent under favorable circumstances in women, young children, and in uncomplicated senile emaciation. They do not, however, represent a symptom of wasting, but are the expression of a specific irritability of the muscle. This phenomenon is not the product of the degeneration and death of the muscle; at least, not in the functioning muscles of persons suffering from disease. It may be that deficient water in the tissue is of some significance. At any rate, the fundamental cause resides in the muscular tissue, and is probably due to the action of various toxic materials upon the contractile substance. Disturbances of the central or peripheral motor neurones has no influence upon the occurrence of the idiomuscular tumor formation. Indeed, the latter seems to require at least the essential features of coördination and central trophic influence. There is no relation between it and the tendon reflexes. The degree of idiomuscular contraction is directly proportional to the general muscular irritability. This is also true of Schiff's waves, and therefore, both are probably the expression of an alteration in the irritability. Almost invariably there is found in the more extreme cases of idiomuscular super-irritability a similar increase in the mechanical, and probably the electrical, irritability of the nerves. This must not be regarded as of etiological significance for the muscular phenomena, but probably as an expression of a simultaneous change in the irritability produced by the same poisons. Whether the idiomuscular super-irritability bears any relation to the involuntary fibrillary twitchings of the muscles, or involuntary movements as a whole of muscle groups, is doubtful. But it is certain that those diseases which produce secondary tetany also give rise to the idiomuscular super-irritability, Schiff's waves, and the most extreme type of super-irritability of the nerves. There is no relation, however, to vasomotor super-irritability.

16. *Tabes and the Ectoderm.*—Bittorf has made a careful study of the literature of tabes dorsalis, in order to determine whether there is not some congenital anomaly or vice of construction in the nervous system which is the basis of its development. He regards as sufficient proof for this the discovery that the patient has a neuropathic heredity, because this indicates a diminished resistance of the central nervous system. Among the most important factors in the ancestry are alcoholism, suicide, mental and nervous disease, and epilepsy. The statistics are obtained from sixteen men and fifteen women. Of these thirteen of the men and twelve of the women showed in their ancestry mental disease. This can be compared with five of eighteen men with neuropathic heredity, and two of fourteen women. He concludes with a study of the physical signs of degeneration in his cases. Eight men and seven women had less than five of these signs; eight men and eight women had more than five. Of the cases for comparison 25 per cent. had three of the signs and none had one.

17. *Latent Syphilis.*—The causation of tabes and paresis is still a subject for investigation. It is not clearly understood how the infantile forms occur, nor what is the nature of the congenital forms. Further, there are records of groups of persons infected with syphilis from the same source in whom a large percentage have developed one or the other of these diseases. These observations have given rise to the suggestion of a peculiar form of "syphilis à virus nerveux," or, to the hypothesis of

Hitzig that there is an additional infectious substance usually conveyed at the same time as the other infection. In an effort to answer these questions Fischler, upon Erb's suggestion, has undertaken an analysis of the cases found in the literature. The first group includes the cases of juvenile tabes and paralysis. It appears that the disease has not yet been recognized in the first years of life, and therefore, probably does not occur until later. Moreover, even in hereditary syphilis it may not occur until after puberty. From among these children it is possible to exclude the so-called accessory factors: Tobacco, alcohol, excesses, struggle for existence, etc.; indeed, in some it is expressly stated that, being sickly from birth, they were especially shielded. In the majority of cases congenital syphilis could be determined. In a few cases syphilis acquired in infancy, chiefly from the wet-nurse, appeared to be the cause. In some of the latter cases anti-syphilitic treatment was energetically employed, but nevertheless, paresis subsequently developed. The senses appeared to be about equally effected, a pronounced difference from the conditions occurring in adults. In many cases there is a hereditary neurotic tendency.

In the second group of cases is included a series of cases in which both husband and wife suffered from tabes, tabo-paresis, or from tabes or paralysis in combination with other syphilogenic disturbances. A study of the material indicates that syphilis is the chief cause, and that hereditary family influences have little to do with it. Nor does it appear that a similarity in the manner of life is of much influence. Another series of factors, such as the excessive use of tobacco, etc., can also be partially or completely excluded. Certain cases in which other persons than the husband and wife have been infected from the same source and developed the disease seem to render the etiological relation of syphilis more direct. Fischler admits the frequency with which paresis or tabes occurs in only one member, but also calls attention to the frequency with which syphilis has reached the non-communicable stage by the time marriage is undertaken.

The third group includes various combinations of tabes, paresis and the syphilogenic diseases of the central nervous system. The number of cases is large, and in the great majority it is possible to determine the existence of a distinct syphilitic infection. It is remarkable how frequently in these cases both parents, as well as the children, are affected, in nearly 50 per cent. These cases support the view that in certain cases of syphilis there is a marked tendency to the production of diseases of the central nervous system.

The fourth group includes an interesting series of cases in which several persons not in any way related were infected from the same source, the majority of them in some instances, and sometimes all, developing tabes, paresis or syphilis of the central nervous system. The number of these instances is necessarily small, in all probability chiefly because it is so difficult to determine a common source of infection in a number of unrelated people. If they are related, as in families, it appears that such groups may be frequently recognized. Fischler believes that everything in these studies speaks for the existence of a lues nervosa.

18. *Feeding Reflex.*—Fürnrohr calls attention to the fact that Goltz, in some experiments upon dogs, observed a reflex closely analogous to that of Oppenheim. SAILER (Philadelphia).